



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

SERIAL NUMBER 09/667,391	FILING DATE 09/20/2000 RULE —	CLASS 705	GROUP ART UNIT 2161	ATTORNEY DOCKET NO. 46983/103
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APPLICANTS

A. Maxwell Eliscu, Orlando, FL ;

**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/230,968 09/07/2000

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE**

GRANTED ** 11/22/2000

**** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 47	TOTAL CLAIMS 67	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

Paul S. Hunter
FOLEY & LARDNER
Firststar Center
777 East Wisconsin Avenue
Milwaukee, WI 53202-5367

TITLE

System for and method of handling referrals from referring parties

FILING FEE RECEIVED 768	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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BIBDATASHEET

CONFIRMATION NO. 60

Bib Data Sheet

SERIAL NUMBER 09/667,391	FILING DATE 09/20/2000 RULE	CLASS 705	GROUP ART UNIT 3628	ATTORNEY DOCKE NO. 46983/103
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APPLICANTS

A. Maxwell Eliscu, Orlando, FL;

** CONTINUING DATA *****

This appln claims benefit of 60/230,968 09/07/2000

** FOREIGN APPLICATIONS *****

NONE of 1/4/03

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 11/22/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY FL	SHEETS DRAWING 47	TOTAL CLAIMS 67	INDEPENDENT CLAIMS 3
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ADDRESS

26371
FOLEY & LARDNER
777 EAST WISCONSIN AVENUE
SUITE 3800
MILWAUKEE, WI
53202-5308

TITLE

System for and method of handling referrals from referring parties

FILING FEE RECEIVED 768	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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